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RE:

Robert Wickman for Edward Robinson

Revocation of Power of Attorney

Statement Under 37 CFR 3.73(b)

Docket No. PC27730A (S/N: 10/657,594)

TOTAL NUMBER OF PAGES, INCLUDING THIS PAGE: 3

MESSAGE:

Transmitted herewith is the following:

- 1. Revocation of Power of Attorney signed by Pharmacia Rep. (1
- Statement Under 37 CFR 3.73(b) signed by Pharmacia Rep. (1 page)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND

CHANGE OF CORRESPONDENCE ADDRESS

Spond to a confection of initiation unit	eas it diaplays a valid Q	ME COUNTY LINIDEL
Application Number	10/657,594	
Filing Date	9/08/2003	RECEIVED
First Named Inventor	Pavlu Bohdan	CENTRAL FAX CENTER
Art Unit	3754	1414 2 26
Examiner Name	FREDERICK C NIC	COLAS JAN 1 3 2Cc
Attorney Dacket Number	PC27730A	

I hereby revoke all previous powers of attorney given in the above-identified application.										
A Power of Attorney is submitted herewith.										
OR I hereby appoint the practitioners associated with the Customer Number: 28940										
Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 28940 OR										
Firm										
Address	lual Name			···		·			•	
City			· · · · · · · · · · · · · · · · · · ·		State			Zip		
Country					•			-	·	
Telephone	_					Email				
I am the:	am the:									
Applicant/Inventor.										
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)										
SIGNATURE of Applicant/or Assignee of Record										
Signature	9/0	way	GT-4	ulle		_				
Name	The state of the s									
Date	- T	-2935 Telephone 212-573-1390								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one alignature is required, see below.						an one				
Total offorms are submitted.										

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STATEMENT UNDER 37 CFR 3.7	73(b)			
Applicant/Patent Owner, Plizer Health AB, (formerly known as Pharmacia AB)				
Application No./Patent No.: 10/857,594 Filed/Issue Date: 09/08/20	003			
Entitled: Dispensing apparatus and method for liquid products, particularly medicinal pro	ducts			
Plizer Health AB/PHARMACIA & UPJOHN AB . a Corporation (Type of Assignee, e.g., corporation)	oration, partnership, university, government agency, etc.)			
states that it is: 1. the assignee of the entire right, title, and interest; or				
an assignee of less than the entire right, title and interest. The extent (by percentage) of its ownership interest is%				
in the patent application/patent identified above by virtue of either:				
A. An assignment from the inventor(s) of the patent application/patent identi in the United States Patent and Trademark Office at Reel 015198 thereof is attached. OR	fied above. The assignment was recorded Frame 0716 or for which a copy			
B. A chain of title from the inventor(s), of the patent application/patent identification:	ied above, to the current assignee as shown			
1. From: To:				
The document was recorded in the United States Patent and Trade Reel, or for which a c	emark Office at opy thereof is attached.			
2. From;				
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Additional documents in the chain of title are listed on a supplemental s				
Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (i.e., a true copy of the original assignment docume Division in accordance with 37 CFR Part 3, if the assignment is to be re MPEP 302.08]	ent(s)) must be submitted to Assignment corded in the records of the USPTO. <u>See</u>			
The undersigned whose title is supplied below is authorized to act on behalf of	the assignee.			
Signature	Date			
Grover F. Fuller, Jr., Pfizer Health AB, (formerly Pharmacia AB)	212-573-1390			
Printed or Typed Name	Telephone Number			
Authorized Attorney				

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